



**BUSINESS LICENSE CLASSIFICATION QUESTIONNAIRE**

(To be completed by the person applying for the business license)

Name of business: \_\_\_\_\_

Trade name: \_\_\_\_\_

Street address of business (No PO box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Print name and title of person completing this form:

Describe in detail the nature of each of your business activities for which you are compensated: \_\_\_\_\_

Describe the nature of your compensation (i.e., payment for products sold, payment for services rendered, commissions, brokerage fees, etc.): \_\_\_\_\_

With whom do you do business (i.e., other businesses, private individuals, walk-in customers, etc.)? \_\_\_\_\_

**\*\*\* ZONING NOTICE \*\*\***

**Please be advised that the County's Zoning Ordinance does not permit businesses to operate on all property. Even if the County issues you a business license, it is your responsibility to confirm with the County's Planning Department that your business operation complies with the County's zoning laws.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date